ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 20 AUGUST 1991 OMB NO.: 0938-State: _____IDAHO Agency* **Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 13. Certain disabled children age 18 or 1902(e)(3) under who are living at home, who of the Act would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. The following individuals who are not 14. 1902(a)(10) mandatory categorically needy whose income (A)(ii)(IX)does not exceed the income level (established at an amount above the mandatory level and and 1902(1) of the Act not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and

TN No. 98-06Supersedes
TN No. 97-16Approval Date 6/18/98Effective Date 10/1/97

Infants under one year of age.

b.

Revision	: HCFA-P	M-91- 4 1991	(BPD)		ATTACHMENT 2 Page 21 OMB NO.: 09	
	State: _	IDAHO				
gency* Ci	tation(s)			Groups Covere	ed	
1902(a) (10)(A) (ii)(IX) and 1902 (D) of t	(1)(1)	(Conti	following datory cat does not tablished the Federa plement 1 the same soldren who who have attained-	are born after attained 6 year	who are not edy, who have ncome level up to 100 per el) specified 2.6-A for a	e income ccent i in family

erry and south

TN No. 9/./9
Supersedes
TN No.

Effective Date 10/1/9/

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 22 OMB NO.: 0938-State: ___IDAHO Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) Individuals --1902(a) 16. (ii)(X)a. Who are 65 years of age or older or and 1902(m) are disabled, as determined under (1) and (3)section 1614(a)(3) of the Act. of the Act Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 91-19		1 1		/ /
Supersedes	Approval Date	1/21/92	Effective Date _	10/1/91
TN No.			-	· · · · · · · · · · · · · · · · · · ·

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	IDAHO
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	В.	Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act Y 17. Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 92-2Supersedes
TN No. 91-19Approval Date 5-22-92Effective Date 1-1-92

Revision: HCF	A-PM-91- 8 er 1991	(MB)	ATTACHMENT 2.2-A Page 23a OMB NO.:
	Stat	te/Territory:	
Citation		Groups Covered	
В.	Optional		an the Medically Needy tinued)
1906 of the Act	18.	cost-effective plans remain	quired to enroll in employer-based group health eligible for a minimum iod of months.
1902(a)(10)(F) and 1902(u)(1) of the Act	19.	continuation continuation continuation continuation continuation continuation continuation as determined as determined and the state of COBRA premitted as the set of continuation continua	titled to elect COBRA overage and whose rmined under Section t for purposes of the s no more than 100 percent al poverty level, whose no more than twice the SSI for an individual, and for e determines that the costiums is likely to be less caid extenditures for an of services. See to Attachment 2.6-A.
TN No. Supercedes	Approval	Date	Effective Date
TN No.		Will Market anyone, a raye was translating	HCFA ID: 7982E

-DRAFT -- DRAFT -- DRAFT -- DRAFT.

ATTACHMENT 2.2-A Page 23b

Citation	Groups Covered
	B. Optional Coverage Other than the Medically Needy (Continued)
1902 (a) (10) (A) (ii) (XIV) of the Act	
(ii) (Aiv) of the Act	a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without

- spenddown liability);
- would not be eligible for Medicaid under the b. policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1) (2) (D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a state which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110 (b) (4) of the Act) but by no more than 50 percentage points.

TN • 78-00 DATE APPROVED 6/18/98 SUPERSCEES ENTERT OF THE	
COMMENTS	

ATTACHMENT 2.2-A Page 23c

B. Optional coverage Other Than the Medically Needy: (Continued) The State covers: X All children described above who are und age 19 (18, 19) with family income at or below 150 percent of the Federal poverty level. The following reasonable classifications or children described above who are under a children described for the classification: (ADD NARRATIVE DESCRIPTION(S) of THE REASONABLE CLASSIFICATION AND THE PERCENT OF THE FEDERA POVERTY LEVEL USED TO DESTABLE ELIGIBILITY FOR EACH CLASSIFICATION.) 1902 (c) (12) of the Act 21. A child under age	Citation	Groups Covered	
All children described above who are und age 19 (18, 19) with family income at or below 150 percent of the Federal poverty level. The following reasonable classifications of children described above who are under a	В.	•	
age 19 (18, 19) with family income at or below 150 percent of the Federal poverty level. The following reasonable classifications of children described above who are under a children described above who are under a children described for the classification: (ADD NARRATIVE DESCRIPTION(S) of THE REASONABLE CLASSIFICATION AND THE PERCENT OF THE FEDERA POVERTY LEVEL USED TO ESTABLE ELIGIBILITY FOR EACH CLASSIFICATION.) 1902 (c) (12) of the Act 21. A child under age		The State covers:	
children described above who are under a		age 19 (18, 19) with below 150 percent o	family income at or
(ADD NARRATIVE DESCRIPTION(S) THE REASONABLE CLASSIFICATION AND THE PERCENT OF THE FEDERA. POVERTY LEVEL USED TO ESTABLE ELIGIBILITY FOR EACH CLASSIFICATION.) 1902 (c) (12) of the Act 21. A child under age (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. 1930A of the Act 22. Children under age 19 who are determined by a "qualified entity" (as defined in \$1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medica is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day. DATE APPROVED 1/124/193/1744	·.	children described at (18, 19) with fam the percent of the Fe	oove who are under age ily income at or below deral poverty level
determined eligible is deemed to be eligible for a total of months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. 1930A of the Act		(ADD NARRATIVE THE REASONABLE AND THE PERCEN POVERTY LEVEL I ELIGIBILITY FOR I	DESCRIPTION(S) OF E CLASSIFICATION(S T OF THE FEDERAL USED TO ESTABLISH EACH
1930A of the Act 22. Children under age 19 who are determined by a "qualified entity" (as defined in \$1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medica is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day. DATE APPROVED 1424 198	1902 (c) (12) of the Act	determined eligible is deemed to be eligible for a months (not to exceed 12 months) regardless of circumstances other than attainment of the maxim	total of changes in
defined in \$1920A (b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medica is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day. DATE APPROVED 11/24/98 day.		above.	
determination is made. If an application for Medica is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.	1930A of the Act	defined in S1920A (b) (3) (A)) based on prelimit	nary information, to
agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.		determination is made. If an a is filed on the child's behalf by month following the month in determination of presumptive of	oplication for Medicaid the last day of the which the ligibility was made,
008 DATE APPROVED 11/24/98 day.		agency makes a determination of that application. If an application child's behalf by the last day of the month the determination of	of eligibility based on on is not filed on the the month following presumptive eligibility
4 1 4 (7 (3 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1		11/24/98 day.	

Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 24 OMB NO.: 0938-State: ____IDAHO Agency* Citation(s) Groups Covered C. Optional Coverage of the Medically Needy 42 CFR 435.301 This plan includes the medically needy. /X/ No. Yes. This plan covers: 1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act. 1902(e) of the 2. Women who, while pregnant, were eligible Act for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls. 1902(a)(10) 3. Individuals under age 18 who, but for income and/or resources, would be eligible (C)(ii)(I) under section 1902(a)(10)(A)(i) of the Act. of the Act

TN No. 9/-/9 Supersedes TN No.	Approval Date	_1/21/92_	Effective Date	10/1/91
			HCFA ID: 7983E	

Revision:	HCFA-PM-91 AUGUST 1991	-4 (BPD)	ATTACHMENT 2.2-A Page 25 OMB NO.: 0938-
	State: _	IDAHO	
Agency*	Citation(s)		Groups Covered
	c.	Optional Coverag	e of Medically Needy (Continued)
1902(c the Ac	e)(4) of ct	October 1, 19 as medically Medicaid on t is deemed to Medicaid on t for one year	ren born on or after 84 to a woman who is eligible needy and is receiving he date of the child's birth. The child have applied and been found eligible for he date of birth and remains eligible so long as the woman remains eligible is a member of the woman's household.
42 CF	R 435.308	describ under t 2 1 1 1	ally eligible individuals who are not ed in section C.3. above and who are he age of 1 0 9 8 or under age 19 who are full-time tudents in a secondary school or in the equivalent level of vocational or echnical training
		eligibl	ble classifications of financially e individuals under the ages of 21, 20, 18 as specified below:
		a	ndividuals for whom public agencies are ssuming full or partial financial esponsibility and who are:
		(a)	<pre>In foster homes (and are under the age of).</pre>
		(b)	In private institutions (and are under the age of $\underline{\hspace{1cm}}$).
TN No. Supersedes	7/-/9 s App:	roval Date//2	### Effective Date

Revision:	HCFA-PM-91 AUGUST 1991		PD)	ATTACHMENT 2.2-A Page 25a
	State: _	IDAHC)	OMB NO.: 0938-
Agency*	Citation(s)			Groups Covered
	c.	Optional	Covera	age of Medically Needy (Continued)
		<u></u>	_ (c)	In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
			(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
			(3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.
			(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
			(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
			(6)	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
TN NoSupersede:	7/-/67 s App	roval Date	e <u>/</u> /	21 42